

|                               |
|-------------------------------|
| <b>APPLICATION DATA SHEET</b> |
|-------------------------------|

Electronic Version v14  
Stylesheet Version v14.0

|  |  |
|--|--|
| <b>Title of Invention</b>  | NOVEL SUBSTITUTED BENZOXAZINES AS INTEGRIN ANTAGONISTS |
| Application Type: regular, utility<br>Attorney Docket Number: 6794000110/US/COA<br>000291/US/1   |  |
| Correspondence address:<br><b>Name:</b> James E. Davis<br><b>Address-1 of Mailing Address:</b> 7700 Bonhomme, Suite 400<br><b>Address-2 of Mailing Address:</b><br><b>City of Mailing Address:</b> St. Louis,<br><b>State of Mailing Address:</b> MO<br><b>Postal Code of Mailing Address:</b> 63105<br><b>Country of Mailing Address:</b> US<br><b>Phone:</b> 314-726-7500<br><b>Fax:</b> 314-726-7501<br><b>E-mail:</b> jdavis@hdp.com |  |
| Continuing Data:<br><br>This is a Continuation of US application number 09/924,709 filed 2001-08-08.   |  |
| Inventors Information:<br><br><u>Inventor 1:</u><br><br><b>Applicant Authority Type:</b> Inventor<br><b>Citizenship:</b> IT<br><b>Given Name:</b> Paola<br><b>Middle Name:</b><br><b>Family Name:</b> Vianello<br><b>City of Residence:</b> Milan<br><b>State of Residence:</b>  |  |

EV 404053441 US

**Country of Residence:** IT  
**Address-1 of Mailing Address:** Via Trebazio 6  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Milan  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 20145  
**Country of Mailing Address:** IT  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 2:**

**Applicant Authority Type:** Inventor  
**Citizenship:** IT  
**Given Name:** Tiziano  
**Middle Name:**  
**Family Name:** Bandiera  
**City of Residence:** Gambolo (Pavia)  
**State of Residence:**  
**Country of Residence:** IT  
**Address-1 of Mailing Address:** Corso Vittorio Emanuele 44/a  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Gambolo (Pavia)  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 27025  
**Country of Mailing Address:** IT  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

| <b>Name</b>    | <b>Registration Number</b> |
|----------------|----------------------------|
| James E. Davis | 47,516                     |